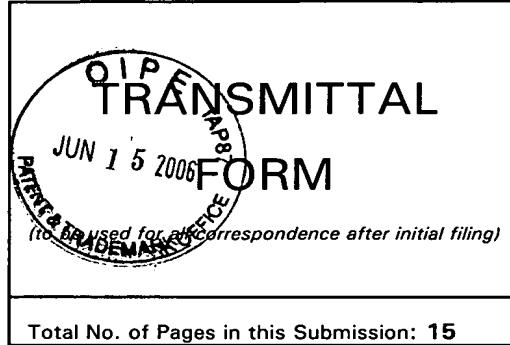


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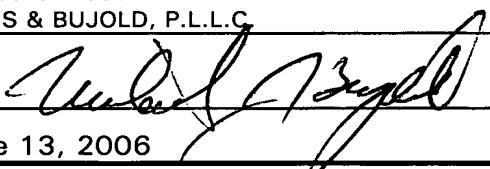
		Application Number	10/523,454
		Filing Date	with an effective filing date of July 28, 2003
		First Named Inventor	Augustinus BADER
		Group Art Unit	1651
		Examiner Name	Allison M. FORD
		Total No. of Pages in this Submission: 15	Attorney Docket Number

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
<input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

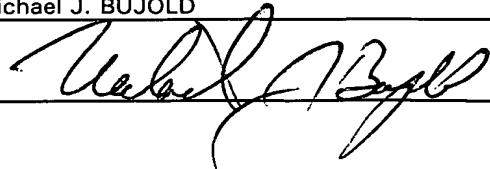
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	June 13, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 13, 2006

Type or printed name.	Michael J. BUJOLD
Signature	
Date: June 13, 2006 (lfb)	

O P E

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

JUN 15 2006

for FY 2006

Effective 10/01/2003. Patent fees are subject to annual revision.
TRADEMA
□ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$60

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Group Art Unit10/523,454
with an effective filing date of July
28, 2003
Augustinus BADER
Allison M. FORD
1651

Attorney Docket No.

HEUBEN P03AUS
(formerly LORWER P33AUS)

METHOD OF PAYMENT (check all that apply)

■ Check Credit card Money Order Other None

■ Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge-late filing fee/oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for re-examination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1011	1000	2011	500	Utility filing fee	
1012	430	2012	215	Design filing fee	
1013	660	2013	330	Plant filing fee	
1014	1400	2014	700	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
SUBTOTAL (1)				\$-0-	

2. CLAIMS

	Extra	Fee From Below	Fee Paid
Total Claims	-20*	= \$ 50 (\$ 25) x =	
Ind. Claims	- 3	= \$200 (\$100) x =	
Multiple Dependent	=	\$360 (\$180) x =	

** or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				\$-0-

**or number previously paid, if greater; For Reissues, see above

1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	500	2452	250	Petition to revive - unavoidable
1453	1,500	2453	750	Petition to revive - unintentional
1501	1,400	2501	700	Utility issue fee (for reissue)
1502	800	2502	400	Design issue fee
1503	1,100	2503	550	Plant issue fee
1807	50	1807	50	Petition related to provisional applns.
1806	180	1806	180	Submission of Info.Disclo.Stmt.
8021	40	8021	40	Recording ea. patent assignment per property (times No. of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810	395	For ea.additional invention to be examined (37 CFR 1.129(b))
1801	790	2801	395	Request for Cont.Exam.(RCE)
1802	900	1802	900	Request for expedited examination of a design appln

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$60

SUBMITTED BY

Completed (if applicable)

Typed or Printed Name	Michael J. Bujold CUSTOMER NUMBER: 020210	Registration No.	32,018	Telephone (603) 624-9220
		Deposit Acct. No.	04-0213	Fax: (603) 624-9229 Date: June 13, 2006
Signature	